

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
TRENTON DIVISION**

TARA KING, et al.,

Plaintiffs,

v.

Case No. 13-cv-5038

CHRISTOPHER J. CHRISTIE, et al.,

Defendants.

**DECARLATION OF DOUGLAS C. HALDEMAN, PH.D. IN SUPPORT OF
PROPOSED DEFENDANT-INTERVENOR GARDEN STATE EQUALITY'S
MOTION FOR SUMMARY JUDGMENT AND IN OPPOSITION TO
PLAINTIFFS'MOTION FOR SUMMARY JUDGMENT**

I, Douglas C. Haldeman, Ph.D, declare as follows:

1. I have been retained by Proposed Defendant-Intervenor Garden State Equality as an expert in connection with the above-referenced litigation. I have personal knowledge of the contents of this Declaration and, if called upon to testify, I could and would testify competently to the contents of this Declaration.

EXPERT BACKGROUND AND QUALIFICATIONS

2. My background and experience are summarized in my *curriculum vitae*, which is attached as Exhibit A to this Declaration. My *curriculum vitae* also includes a list of publications I have authored.

3. I am a licensed psychologist in the State of Washington. I have engaged in a full-time independent clinical practice in Seattle since 1983. The majority of my full-time clinical practice involves individual, couple, family and group counseling to the LGBT communities.

4. I received my Doctorate in Counseling Psychology from the University of Washington in 1984. Since 1988, I have served as a Clinical Instructor in the Department of Psychology at the University of Washington. In addition, I have been an active member of the American Psychological Association (APA) since 1985, and have served in a number of positions in APA Governance, including its Board of Directors and the Board of its Insurance Trust. I have also been a member of the Washington State Psychological Association (WSPA) since 1984, and have been involved in a number of the Association's committees.

5. One of the primary foci of my nearly 30 years of clinical practice has been to counsel men who have been harmed, both emotionally and physically, by undergoing “sexual orientation change efforts” (“SOCE”). For more than 20 years, I have written extensively about issues relating to SOCE, including more than 40 papers and chapters in scholarly journals and books. Those publications are summarized in my *curriculum vitae* (Exhibit A).

6. In preparing to write this Declaration, I have reviewed the declarations filed by the Plaintiffs in this matter.

SEXUAL ORIENTATION CHANGE EFFORTS

7. There is a consensus among mainstream mental health organizations and mainstream mental health providers and academics that SOCE is not an accepted therapeutic practice. This is because (1) there is no valid evidence that it works; and (2) there is significant and valid evidence that it can cause serious harm, including serious emotional consequences such as depression, suicide attempts, and suicide.

8. A review of the literature relating to SOCE reflects that the premise underlying treatments designed to change homosexual orientation is that homosexuality is a mental disorder that needs to be “cured.” When homosexuality was declassified as a treatable mental disorder nearly 40 years ago, it was assumed by many that the popularity of treatments intended to change sexual orientation would come to an end. While some

of the most notorious aversive change therapies have largely fallen into disfavor, including the application of electric shock to the hands and/or genitals, or nausea-inducing drugs, some practitioners have continued to engage in other types of SOCE premised on the unscientific belief that homosexual orientation is undesirable, pathological, and the result of learned behavior, which can be reconditioned through various means.

9. A review of hundreds of studies over many decades concludes that there is no reliable evidence to suggest that SOCE therapies are effective in changing a patient's sexual orientation (APA, 2009). The studies purporting to show the efficacy of SOCE are characterized by serious methodological flaws and conceptual weaknesses that make their results unreliable. Foremost among the methodological problems with these studies is sampling bias. Frequently, the participants in these studies have been selected by, or identified exclusively by referrals from, practitioners of SOCE therapy. In addition, these studies rarely include any effort to define what constitutes sexual orientation in the first place, or to place the study participants on any sort of spectrum reflecting their own individual sexual orientation. Similarly, the studies rarely include any effort to define quantitatively what constitutes a change of sexual orientation. Furthermore, these studies are also characterized by methodological flaws relating to "response bias": study participants, because of societal and/or religious pressures, typically hold strong views that homosexuality is undesirable and therefore are likely to overstate their perceived success in changing their underlying orientations. Almost all such studies draw on a subject's retrospective analysis of the therapeutic experience, which is further influenced by pressures from family and social desirability generally linked to membership in a conservative religious community. Finally, few of the conversion therapy studies offer any follow-up data. This is particularly relevant given the fact that these studies frequently ignore extraordinarily high SOCE dropout rates. The failure of the studies to follow up with the participants who have dropped out serves to distort the results of the

studies, because they do not take into account the large number of individuals for whom the treatment was, at best, ineffective, and, more likely, harmful. Indeed, it is worth noting that even in these tremendously flawed studies, proponents of SOCE report only a 30% success rate at best. Nevertheless, these studies are marketed as “scientific” to a public that is unable to critically evaluate them.

SOCE THERAPIES CREATE A SIGNIFICANT RISK OF HARM

10. When patients begin SOCE therapy, they frequently blame themselves for experiences of rejection or maltreatment rooted in society’s devaluation of same-sex sexual orientation. SOCE therapy invariably involves validating and reaffirming this societal rejection, and imbuing it with the false appearance of scientific and medical acceptance. Those who report being harmed in SOCE therapies frequently report that their prior therapists attempted to frighten them into changing their sexual orientation by presenting images of gay men and lesbians as depraved, chronically miserable people, unproductive in life, and incompetent in meaningful relationships. Because SOCE therapy validates and reaffirms that devaluation, it frequently exacerbates the patient’s distress and results in severe emotional harm. Harms from SOCE can manifest in the form of depression, guilt, anxiety, low self-esteem, intimacy avoidance, sexual dysfunction, suicidal ideation, and other negative consequences.

11. Additionally, a patient’s recognition that SOCE has failed can cause further severe emotional consequences. LGB youth -- regardless whether they attempt to change their orientation through SOCE -- are at heightened risk of expulsion from family, loss of position in society, rejection from familiar institutions, loss of faith in and membership in the community, and vulnerability to anti-gay biases. The failed attempt to change one’s sexual orientation -- because it often is perceived to be a “failure” on the part of the patient -- exacerbates these risks. This in turn can cause additional negative emotional consequences like those described above: depression, guilt, anxiety, low self-esteem,

intimacy avoidance, sexual dysfunction, suicidal ideation, and other negative consequences.

12. My own experience as a mental health provider confirms the harms that SOCE therapies cause. For nearly thirty years, I have been working with patients in my clinical practice who have suffered through a variety of efforts to change their sexual orientation and have been harmed as a result.

13. The harms associated with SOCE therapies are particularly significant as they relate to minors. Adolescents require a period of exploration and introspection in order to work through issues relating to sexual orientation and gender identity. Minors who have not had a chance to explore or know their sexuality can be particularly harmed by the bias and lack of accurate information inherent in SOCE therapies, where the proponents reinforce the message that homosexuality is a disorder that is to be avoided at all costs. The harms inflicted on minors who are exposed to SOCE therapies may be exacerbated by the fact that an individual's brain tissue in the pre-frontal cortex is still developing and changing rapidly during early adolescence and teenage years. These cellular changes in brain tissue leave the mid-brain (repository of emotional responses) much more vulnerable to the potentially traumatic effects of SOCE.

14. Minors are particularly susceptible to implicit or explicit coercion by family members and faith communities who disapprove of their sexual orientation. Parents often urge or compel minors to undergo SOCE, and minors often experience a desperate desire to gain the approval of their family and churches. Because of the stigma attached to being gay, minors may also even have difficulty separating what they want from what their families or therapists want, and SOCE may appear to some of these minors to provide a means to gain approval and to conform their identities and behaviors to familial and societal expectations and hopes. But minors often do not understand the risks, and may not understand that other therapeutic interventions could help them feel better and

resolve conflicts between their sexual orientation, their family expectations, and, where applicable, their own religious values without risking severe harm.

15. The potential consequences of SOCE, such as depression and suicide, are sufficiently grave that it is appropriate to erect a complete barrier between minors -- who deserve special protections from harmful practices -- and therapists who would offer them the false hope of changing their sexual orientation through SOCE.

16. “Informed consent” is appropriate only for therapies that offer at least some potential benefits, which SOCE does not. There are many potential benefits for LGB youth who seek therapy. Therapy can provide a safe place to discuss conflict, experience support, and develop hope. But none of these benefits derives from the practice of SOCE itself, but rather from universal techniques of psychotherapy. These basic benefits can be provided by culturally competent care, without creating the risks of harm caused by SOCE.

17. My conclusions regarding the harms caused by SOCE therapies have been reinforced in recent years. The Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (“APA (2009)”) concluded that SOCE interventions have no scientific basis. The APA Task Force Report undertook a comprehensive review of the relevant research literature and concluded that there was no reliable evidence to support the contention that SOCE therapies work. The APA Task Force Report also provided a detailed discussion and analysis of the harms associated with SOCE therapies.

18. After a peer review of the conclusions of the APA (2009) Task Force, the APA passed a resolution in 2009 declaring that “there is insufficient evidence to support the use of psychological interventions to change sexual orientation.” In addition, the resolution points out that “the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation.” As a result, the APA, like all the other major mental-health organizations,

has resolved that SOCE therapies are unnecessary and potentially harmful, and therefore should not be promoted or offered.

19. The methodological flaws in the studies purporting to show the efficacy of SOCE therapies were recently underscored by Dr. Robert Spitzer, the author of what had been considered to be the most well-known and authoritative study purporting to demonstrate that SOCE therapies may work for some individuals under certain circumstances. Earlier this year, Dr. Spitzer took the unusual step of recanting his 2001 study that had been published in the *Archives of Sexual Behavior*. Dr. Spitzer admitted that his study had been methodologically flawed and that there was no valid basis for his study's conclusion that SOCE therapies had succeeded in changing the sexual orientation of any study participants. Indeed, Dr. Spitzer issued a public apology for having made unproven claims regarding the efficacy of SOCE and subjecting individuals to the harms of SOCE interventions. An article from the New York Times detailing this retraction is attached as Exhibit B. Dr. Spitzer recently gave a brief videotaped statement for use in this case, explaining the methodological flaws in his prior study and explaining his current view that SOCE causes harm. A video of Dr. Spitzer's statement is available at <http://youtu.be/TdOovBb2tqI> and a transcript of that statement is attached hereto as Exhibits C.

SOCE DOES NOT ADVANCE CLIENT AUTONOMY

20. Competent, ethical psychologists respect a client's right to self-determination. That does not mean, however, that a psychologist is ethically required to defer to a client's stated goals, without regard to medical and ethical guidelines. Nor does that mean that a psychologist must provide a patient with whatever form of therapy the client wants, regardless of the therapy's efficacy or potential harm, or that clients should be permitted to demand such therapy. For example, if an anorexic patient asks for help in losing more weight, competent psychologists do not defer to this goal out of respect for the patient's self-determination.

21. Psychology remains a profession, not merely a service industry. Competent psychologists listen to a client's stated goals and experiences, and guide the client through the process of exploring the emotional basis for those goals and experiences using accepted therapeutic techniques. It is through this process that competent therapists assist clients in gaining understanding, and, based on that understanding, determining healthy and emotionally sound strategies for living their chosen lives.

22. SOCE necessarily runs counter to these accepted methods, because SOCE presupposes a preferred outcome -- generally a heterosexual or celibate orientation -- which typically is in direct conflict with the clients' actual emotional and physical experiences. Moreover, SOCE excludes any accurate and honest exploration of the basis for the desire to be heterosexual.

23. Professional guidelines and ethical principles admonish psychologists against the imposition of personal, religious, or idiosyncratic beliefs upon any patient. SOCE presupposes an unrealistic outcome, and is imposed on the minor client regardless of his or her own thoughts, desires, or personal exploration of sexual orientation and identity. In this way, SOCE *thwarts* client autonomy, rather than advances it.

24. Respecting client autonomy does not mean that clients with strong religious beliefs that include, for example, disapproval of homosexual behavior, should be permitted to elect to undergo SOCE. Regardless of a client's religious beliefs, it is inappropriate for a competent therapist to offer a purported "treatment" that does not work and creates a significant risk of serious harm. A competent therapist treating a client with strong religious beliefs assists the client in understanding the source and emotional consequences of any conflicts between experience and belief, and in negotiating a healthy life course in light of accurate knowledge about what can be changed and what cannot.

25. The APA (2009) Task Force Report reaches this same conclusion regarding the appropriate manner of respecting client autonomy: "We believe that simply

providing SOCE to clients who request it does not necessarily increase self-determination but rather abdicates the responsibility of [mental healthcare providers] to provide competent assessment and interventions that have the potential for benefit with a limited risk of harm. We also believe that [mental healthcare providers] are more likely to maximize their clients' self-determination by providing effective psychotherapy that increases a client's abilities to cope, understand, acknowledge, explore, and integrate sexual orientation concerns into a self-chosen life in which the client determines the ultimate manner in which he or she does or does not express sexual orientation.”

26. The concept of self-determination in relation to SOCE is particularly critical when it comes to minors. Minors are often forced into SOCE by their parents, who refuse to accept the fact that their child may be lesbian, gay, bisexual, or transgender. Unlike the discredited SOCE therapies, interventions or therapies that affirm a patient's sexual orientation and gender identity actually promote the patient's autonomy and self-determination, because true self-determination is accomplished when the patient's false assumptions are corrected and the individual is allowed to make truly informed decisions about his life.

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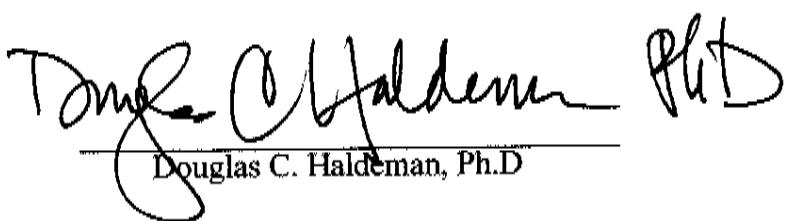
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CONCLUSION

27. SOCE therapies designed to change an individual's sexual orientation have not been empirically demonstrated to be either effective or safe. Indeed, such SOCE therapies needlessly expose patients to risk of serious harms. In fact, based on my 20 years of experience studying and writing about SOCE in textbook peer reviewed journals, as well as my 30 years of clinical observations, I am convinced that many individuals who attempted to change their sexual orientation have experienced considerable psychological pain and harm.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 12th day of September, 2013, at Seattle, Washington.



Douglas C. Haldeman, Ph.D.

EXHIBIT A

DOUGLAS C. HALDEMAN, Ph.D.

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VITA

Current Work

Professor of Psychology, John F. Kennedy University Doctoral Program in Professional Psychology (APA Accredited), 2013 – present; Pleasant Hill, CA

Lectures, presentations and trainings on issues of Diversity, LGBT, Ethics

Organizational Work

Member, Board of Trustees, American Psychological Association Insurance Trust (2009-present)

Diversity Representative to APA Council from Division 42 (Independent Practice) 2010-present

Recent work

Independent Practice in Counseling Psychology, (1983-2013), Seattle, WA

Member, Board of Trustees, Association for the Advancement of Psychology (2010-2012)

Clinical Instructor, Department of Psychology, University of Washington (1988-2013)

Aviation Psychologist Evaluator, Federal Aviation Administration (1988-2013)

Educational Background

B.A., 1973 (Drama) University of Washington

M.A., 1975 (Teaching) Stanford University

Ph.D., 1984 (Counseling Psychology) University of Washington

Publications

Haldeman, D. (2013). Professional culture and the evolution of health care. *California Psychologist*, Jan/Feb 2013 (Vol. 46, #1) p. 6-8.

Haldeman, D. (2013). Motivating our clients (and ourselves): Exercise and mental health. *Los Angeles Psychologist*, Spring 2013 (Vol. 33, #2)

Haldeman, D. (2013). Microaffections: In praise of our allies. *Independent Practitioner*, Spring issue

Haldeman, D. (2013). From theory to practice: Clinical applications in sexual orientation. In D. Sue, M. Gallardo and H. Neville (Eds.). *Case Studies in Multicultural Counseling*. New York: Wiley & Sons

Johnson, W.B.; Rosenstein, J.; Buhrke, R.; Haldeman, D. (2013) After "Don't Ask Don't Tell:" Competent Care of Lesbian, Gay & Bisexual Military Personnel During the DOD Policy Transition. *Professional Psychology: Practice and Research*.

Haldeman, D. (2012). The evolving family. In J. Carter & N. Fouyad (Eds.) The Handbook of Counseling Psychology. Washington D.C.: APA Books.

Haldeman, D. (2011). Diversity training: Multiple minority awareness. In R. Balter and R. Nettles (Eds.) Multiple Minority Identities: Clinical, Research and Educational Implications New York: Springer Publications.

Haldeman, D. (2011) Sexual orientation conversion therapy Casebook: Fact, fiction and fraud. In Dworkin, S. and Pope, M. (Eds). Case Studies in Counseling LGBT Clients American Counseling Association

Haldeman, D. (2010) Reflections of a gay male psychologist. In J. Kelly & N. Kaslow (Eds). Professional Psychology: Theory, Research and Practice, 47 (2), 177-185.

Haldeman, D. (2010) Evaluating pilots and air traffic controllers. In Walfish, S. and Barnett, J. Fifty Ways for Practitioners to Leave Managed Care Washington D.C.: APA Books

McGarrah, N; Alvord, M; Haldeman, D; Martin, J. (2009) In the public eye: Ethical concerns for psychologists in the media. Professional Psychology: Research and Practice, 20, (2)

Haldeman, D. (2008). Gay, lesbian, bisexual and transgender patients in the health care setting. In O.Z. Sahler & J.E. Carr (Eds.), The Behavioral Sciences and Health Care, 2nd Ed. Goettingen, Germany: Hogrefe & Haber

Kiselica, M., Mule, M., and Haldeman, D. (2007). Finding inner peace in a homophobic world: Counseling gay boys and boys who are questioning their sexual identity. In M. Kiselica (Ed.), Counseling Troubled Boys, New York: Routledge

Haldeman, D. (2006). When conversion therapy fails: A review of Fish Can't Fly. Sexual and Relationship Therapy: web journal (October, 2006).

Haldeman, D. (2006). The village people: Identity and development in the gay male community. In K. Bieschke, R. Perez & K. DeBord (Eds.), Handbook of Counseling and Psychotherapy with lesbian, Gay, Bisexual and Transgender Clients. Pp. 71-90. Washington, D.C.: APA Books

Haldeman, D. (2006). Queer eye on the straight guy: A case of gay male heterophobia. In M. Stevens and M. Englar-Carlson (Eds.), In the Room With Men: A Casebook for Psychotherapy with Men. Pp. 301-317, Washington, D.C.: APA Books

Morrow, S., Beckstead, L., Hayes, J. & Haldeman, D. (2004). Impossible dreams, impossible choices, and thoughts about depolarizing the debate. The Counseling Psychologist, 32(5), pp. 778-

785.

Haldeman, D. (2004). Clear as folk: A new look at mental health and sexual/gender orientation. Contemporary Psychology

Haldeman, D. (2004). When sexual and religious orientation collide: Considerations for psychotherapy with conflicted gay men. The Counseling Psychologist, 32(5), pp. 691 – 715.

Haldeman, D. & Buhrke, R. (2003). Under a rainbow flag: The diversity of sexual orientation. In J. Robinson & L. James (Eds.), Diversity in Human Interactions, pp. 142 – 156. New York: Oxford Press.

Haldeman, D. (2003). A history of sexual orientation conversion therapy policy at the American Psychological Association. In Society for the Psychological Study of Lesbian, Gay and Bisexual Issues Newsletter, 19(1), pp. 6 – 8.

Haldeman, D. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. Professional Psychology: Research and Practice, 33(3), pp.260 – 264.

Haldeman, D. (2002). Therapeutic antidotes: Helping gay men heal from sexual orientation conversion therapy. Journal of Lesbian and Gay Psychotherapy, 3(4), pp. 117 – 130.

Haldeman, D. (2002). Don't come any closer: How heterophobia contaminates interpersonal relationships between gay and heterosexual men. In Society for the Psychological Study of Men and Masculinity Newsletter, 7, pp. 2 – 3.

Haldeman, D. (2001). Counseling gay and bisexual men. In G. Brooks and G. Good (Eds.), A New Handbook for Counseling Men. Pp. 796-815. San Francisco: Jossey-Bass.

Haldeman, D. (2000). Gender atypical youth: Social and clinical issues. The School Psychology Review, 29(2), pp. 216-222.

Division 44/Committee on Lesbian, gay and Bisexual Concerns Joint Task Force on Professional Practice Guidelines for Lesbian, Gay and Bisexual Clients. American Psychologist, 55(12), pp. 1409-1421.

Haldeman, D. (2000). Appropriate therapeutic responses to sexual

orientation: Psychology's evolution. In B. Greene and G. Croom (Eds.), Education, Research and Practice in Lesbian, Gay, Bisexual and Transgendered Psychotherapy: A Resource Manual. Pp. 244-262. Thousand Oaks, CA: Sage

Haldeman, D. (1999). The pseudo-science of sexual orientation conversion therapy: Clinical and social implications. Angles, 4(1), pp. 1-4. Amherst, MA: Institute for Lesbian and Gay Strategic Studies.

Haldeman, D. (1999). The best of both worlds: Essentialism and social constructionism in clinical practice. In J. Bohan and G. Russell (Eds.), Conversations About Psychology and Sexual Orientation. Pp. 57-70. New York: New York University Press.

Haldeman, D. (1998). Sexual orientation conversion therapy. Guest column on the Gay Gene website, HYPERLINK "mailto:gaygene@aol.com" gaygene@aol.com

Buhrke, R. & Haldeman, D. (1998). Assessment and treatment of lesbians, gay men and bisexuals. In G. Koocher & J. Norcross (Eds.), Psychologists' Desk Reference. Pp. 365-370. New York: Oxford Press

Haldeman, D. (1998). Private practice special issue: A foreword. Journal of Lesbian and Gay Social Services. New York: Haworth Press

Haldeman, D. (1998). Ceremony and religion in same-sex marriage. In R. Cabaj & D. Purcell (Eds.), On the Road to Same-Sex Marriage. Pp 141-164. San Francisco: Jossey-Bass

Haldeman, D. (1996). Spirituality and religion in the lives of lesbians and gay men. In R. Cabaj & T. Stein (Eds.), Homosexuality and Psychiatry: A Comprehensive Textbook. Pp. 881-896. Washington, D.C.: American Psychiatric Association Press

Haldeman, D. (1994). The practice and ethics of sexual orientation conversion therapy. Journal of Counseling and Clinical Psychology, 62(2), pp. 221-227.

Haldeman, D. (1991). Sexual orientation conversion therapy for gay men and lesbians: A scientific examination. In J. Gonsiorek & J. Weinrich (Eds.), Homosexuality: Research Implications for Public Policy. Pp. 149-160. Newbury Park, CA: Sage

Publications in Preparation

Haldeman, D. (In Press) Conflicts of religion and sexual orientation; A clinical perspective. L. Forrest & K. Bieschke (Eds). A special section in Training and Education in Professional Psychology.

Hancock, K.; Gock, T.; Haldeman, D. (In Press). Sexual orientation change efforts: Science meets practice. American Psychologist.

Books in Preparation

Haldeman, D. and Glassgold, J. Changing Sexual Orientation: From Fiction to Fact Washington, D.C.: APA Books

Editorial Positions

Guest reviewer, Applied Developmental Science (2010)
Consulting Editor, Professional Psychology; Research and Practice (1997-2003; 2005 – present)

Associate Editor, Journal of Clinical Psychology (2010-2011)
Consulting Editor, Journal of Men and Masculinity, (2006-2010)

Guest Reviewer, Traumatology (2009)
Associate Editor, Journal of Lesbian and Gay Psychotherapy (1997 – present)

Video Presentations

Haldeman, D. (2010). Working with gay male clients. J. Carlson (Producer) APA Video Series

Awards and Honors

Member, National Academies of Practice (Psychology) 2011

John D. Black Award for professional contributions to Counseling Psychology (Society of Counseling Psychology, 2007)

APA Presidential Citation, 2005

Distinguished Professional Contribution to Psychology, Georgia Psychological Association (Division H), 2005

Outstanding Scholarly Contribution, Special Issue on Religion and Conversion Therapy, The Counseling Psychologist, 2005, Society of

Counseling Psychology (APA Division 17)

Outstanding Leadership Award, APA Public Interest Caucus (2004)

Outstanding Professional Achievement Award, APA Committee on Lesbian, Gay and Bisexual Concerns (2002)

Distinguished Contribution to Education and Training, Society for the Psychological Study for Lesbian, Gay and Bisexual Issues (Division44) (2000)

Distinguished Professional Contribution, Society for the Psychological Study of Lesbian, Gay and Bisexual Issues (Division 44) (1999)

Distinguished Psychologist Award, Washington State Psychological Association (1996)

Outstanding Contribution, Washington State Psychological Association Committee on Lesbian, Gay and Bisexual Concerns (1992)

Teacher of the Year, Harbor High School (Santa Cruz, CA) (1980)

Master Teacher Award, Santa Cruz (CA) City Schools, (1979)

Service in Organized Psychology

Member, American Psychological Association (1985 – present; member # 1773-9298);

Fellow, Divisions 17, 29, 31, 42, 43, 44, 56; Member, Divisions 35, 37, 38, 45, 47, 51

Board of Trustees, American Psychological Association Insurance Trust (2009-present)

Executive Committee (2010-present)

Audit Committee (2010-present)

Professional Liability Review Committee (2009-present)

Member at Large, APA Board of Directors (2006 – 2008)

Liaison to the APA Insurance Trust (2006)

Liaison to Ethics Committee; Chair, Board Ethics Subcommittee (2006-

2008)

Member, BOD/CAPP Coordinating Subcommittee (2006-2008)

Liaison (with Dr. Melba Vasquez) to Public Interest Directorate (2007-2008)

Liaison to CSFC (Committee on Structure and Function of Council) (2007-2008)

Liaison to APAGS (American Psychological Association of Graduate Students) (2007-2008)

Society for the Psychological Study of Lesbian, Gay and Bisexual Issues (Division 44)

Representative to APA Council, 2001-2005; President, 1996-1997; President-Elect, 1995-1996; Past President, 1996-1997

Member, Joint Task Force (with Committee on Lesbian, Gay and Bisexual Concerns) on Professional Practice Guidelines, 1993-2000 (Co-Chair, 1994-1996)

Fellows Committee, 2000 & 2004

Division Representative to Cluster Convention Programming, 2001-2003

Division Representative to Joint Task Force (with Division 19) on Sexual Orientation and Military Service, 2004

Psychologists in Independent Practice (Division 42)

Diversity Representative to APA Council (2010-present)

Member at Large, Division Board of Directors 2003-2005

Diversity Committee, member, 2009-2010 Chair, 2010-present

Membership Committee, 2002-2004 (Chair, 2003)

Fellows Committee, 2004-2006 (Chair, 2005)

Society of Counseling Psychology (Division 17)

Chair, APA Governance Nominations and Elections (2009-2011)

Member, APA Awards Committee (2004-2006)

Member, Section on Independent Practice (2003 – present)

Member, Section on LGBT Awareness (2002 – present)

Society for the Psychological Study of Men and Masculinity (Division 51)

Member at Large, Division Board of Directors (200-2003)

Division Representative to Divisions for Social Justice coalition (2001-2005)

Other Division memberships: 29 (Psychotherapy); 31 (State, Provincial and Territorial Association Affairs); 43 (Family Psychology); 45 (Ethnic Minority issues); 56 (Trauma Psychology).

APA Board and Committee Memberships

Board for the Advancement of Psychology in the Public Interest (2009-2011); Chair, 2011

CLGBC (Committee on Lesbian, Gay and Bisexual Concerns) 1994-1996; Chair, 1996

Ethics Committee (Associate Member) 2000-2002

CSFC (Committee on Structure and Function of Council) 2003-2005

Caucuses of APA Council of Representatives

LGBT Caucus, Chair (2010-2012)

Association of Practicing Psychologists: President, 2005;

Implementation Chair, 2003-2004; Treasurer, 2011-2014

Public Interest Caucus: Chair, 2003-2004; Treasurer, 2001-2002

Other Caucus memberships: Assembly of Scientist/Practitioner Psychologists; Caucus for the Optimal Utilization of New Talent; Women's Caucus; Caucus of Applied Scientist/Academic Psychologists

Special Projects

The following projects, mostly oriented toward developing APA policies, were done in collaboration with a variety of constituencies:

EPPP Examination for Psychology Licensure in the US and Canada: Item writer for Domain 8 (Ethics and Legal Issues)

President's Task Force on Enhancing Ethnic Minority Representation on Council (2005): Representative to group charged with exploring and implementing ways to increase ethnic minority representation on APA Council

President's Task Force on Diversity (2005): LGB representative to 12-person group charged by APA President Ron Levant with increasing diversity and inclusivity within APA

Working Group on Same-Sex Marriage and Families (2004):

Consultant/advocate for group developing policies on same-sex marriage and parenting

Division 19/44 Task Force on Sexual Orientation and Military Service (2004): Division 44 representative on task force convened by APA Board of Directors to examine and update APA policy on LGB military service personnel

Task Force on Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients (1993-2000) Co-Chair of drafting group developing practice guidelines for LGB clients, working in collaboration with Board of Professional Affairs and Board of Directors; Revision Team Co-Chair, 2009-2010

BAPPI (Board for Advancement of Psychology in the Public Interest)
Work Group on Sexual Orientation Conversion Therapy (1996-1997)
Co-authored APA policy statement on Appropriate Therapeutic Responses to Sexual Orientation

Washington State Psychological Association (Member, 1984 – present)

Diversity Officer (2009-2010)
Member at Large, Executive Council (2003-2006)
Chair, Committee on Government and Legal Affairs (1998-2000)
Committee on Lesbian, Gay, Bisexual and Transgender Concerns (COLGBC) (Co-Chair, 1998-1992; Founding member, 1985 – present)
State Coordinator, APA Practice Directorate Fundraiser (1993)
Convention Program Committee (1991)

Association for the Advancement of Psychology (Board of Trustees, 2010-2012; Member, 2000 – present)

Association of Lesbian and Gay Psychiatrists (Associate Member, 1997 – 1999)

Professional Presentations

“Professional Culture and the Evolution of Health Care”; Master Lecture at the annual meeting of the California Psychological Association, Newport Beach, CA (April, 2013)

"Ethics, Law and Multicultural Psychology: Challenges in the Courts and Legislatures", presentation at the European Congress of Psychology, Stockholm, Sweden (2013, July)

"The Silent and the Silenced: Clinical Issues with LGBT Veterans", presentation at the Annual meeting of the American Psychological Association, Honolulu, HI (2013, August)

""Sexual Orientation Change Efforts in the Legislative Arena", discussant in panel presentation at the annual meeting of the American Psychological Association, Honolulu, HI (2013, August)

"Health Care Evolution and the Culture of Professional Practice", keynote address at the annual meeting of the Illinois Psychological Association, Chicago (2012, November)

"Future of Professional Practice", panel presentation at the annual meeting of the American Psychological Association, Orlando, FL (2012, August)

"Gay and Straight Therapists and Clients: Dynamics of Power and Privilege" keynote presentation at the National Conference for Men and Psychotherapy, New York City (2012, June)

Commencement address: Wright Institute Doctoral Psychology Program, Berkeley, CA (2012, June)

"Sexual Orientation: Changes in Military and Civilian Life", a Diversity training for Washington Employers, Seattle, WA (2012, May)

"Sex, Love and the Modern Family: A Psychological Perspective", lecture to students and faculty at Iowa State University, Ames, IA (2012, April)

"Sex, Love and the Modern Family: LGBTQ Psychology in Cultural Context" keynote presentation at the University of La Verne PRIDE Conference, Claremont, CA (2012, April)

"Negotiating Diversities: Religion and Sexual Orientation" panel presentation at the annual meeting of the American Psychological Association, Washington, D.C. (2011, August)

"Pain for Pleasure: Disability and Sexual Justice" panel presentation at the annual meeting of the American Psychological Association, Washington, D.C. (2011, August)

Panel presentation: "Does Science Help or Harm Multiculturalism?" at the National Multicultural Summit, Seattle, WA, 2011 (January)

"Multiple Intersections, One Identity: Ethical Implications for Practice and Training with Conflicted LGBT Clients", panel presentation with Drs. Melba Vasquez, Judith Glassgold and Stephen Behnke at the annual meeting of the American Psychological Association, San Diego, CA (2010, August)

"Intersectionality: Theory, Research and Practice"; discussant for panel with Drs. Elizabeth Cole, Susan Cochran, Beverly Greene and Laura Brown at the annual meeting of the American Psychological Association, San Diego, CA (2010, August)

"Ethics of Diversity: Competing Aspects of Identity", panel presentation with Drs. Gerald Koocher and Armand Cerbone at the annual meeting of the American Psychological Association, San Diego, CA (2010, August)

"Culture, Politics, Sexual Orientation and Mental Health", Presentation at the California Psychological Association, Costa Mesa, CA, April, 2010

"Issues in Psychotherapy with Men", panel presentation with Drs. Gary Brooks, Ron Levant, Glenn Good and Frederic Rabinowitz, at the annual meeting of the American Psychological Association, Toronto, ON, August, 2009

"Some of My Best Friends Are: Challenges of Relationships Between Gay and Heterosexual Men" Presentation with Dr. Mark Kiselica at the annual meeting of the American Psychological Association, Toronto, ON, August, 2009

"When Aspects of Diversity Collide: Ethical Implications"; panel presentation at the National Multicultural Summit, with Drs. Melba Vasquez, Judith Glassgold and Jeffrey Barnett; New Orleans, LA (2009, January)

"Ducks in a Row, Quacking: Development of Practice Guidelines for Professional Psychology", discussant on panel presentation at annual meeting of the American Psychological Association, Boston, MA (2008,

August)

"Gay Men's Health: A Sociocultural Evolution", paper presented at the meeting of the International Congress of Psychology, Berlin, Germany, July 21, 2008

"Sexual Orientation, Gender Identity, Politics and Religion: Psychology's Perfect Storm", Presentation at the annual meeting of the California Psychological Association, Anaheim, CA, April 8, 2008

"Ethical Balance of Sexual Orientation and Religious Identification: My Life as a Counseling Psychologist"; Fellows address given to Society of Counseling Psychology, 115th annual meeting of the American Psychological Association, San Francisco, CA (2007, August)

"Don't Ask, Don't Tell, Then What?" Discussant for panel presentation at 115th annual convention of the American Psychological Association, San Francisco, CA (2007, August)

"Practice Guidelines: What They Are...and What They Aren't" Discussant for panel presentation at the 115th annual convention of the American Psychological Association, San Francisco, CA (2007, August)

"Religion, Sexual Orientation, and APA Policy" Discussant for panel presentation at the 115th annual meeting of the American Psychological Association, San Francisco, CA (2007, August)

"Data from New Population-Based Studies of Lesbian, Gay and Bisexual Individuals' Discussant for panel presentation at the 115th annual meeting of the American Psychological Association, San Francisco, CA (2007, August)

"Our Families, Our Society: Sociotrauma and Other Current Trends in Treating Lesbian, Gay, Bisexual and Transgender Clients", workshop for the Manhattan Psychological Association, Sept. 10, 2006

"Groundbreaking Brokeback Mountain: Honoring Screenwriter Diana Ossana", award ceremony introductory speech at the 114th annual convention of the American Psychological Association, New Orleans, LA (2006, August)

"Counseling Gay and Bisexual Men", workshop with Dr. Gary Brooks, at the 114th annual meeting of the American Psychological Association, New Orleans, LA (2006, August)

"Same-Sex Marriage in Cultural Context", Chair and Discussant of panel presentation at the 113th annual meeting of the American Psychological Association, Washington, D.C. (2005, August)

"Diversifying Your Practice: The Community as Client", panel presentation as part of Division 42 Presidential track programming at the 113th annual meeting of the American Psychological Association, Washington, D.C. (2005, August)

"A Case of Conflict Resolution: Gays and the Military Meet in Psychology", panel presentation at the 113th annual meeting of the American Psychological Association, Washington, D.C. (2005, August)

"What's Love Got to Do with It? Sexual Orientation and Religion in Cultural Context", presentation at the Love Welcomes All conference, Bellevue, WA (2005, July)

"When Sexual and Religious Orientation Collide: A Workshop for Practitioners", Georgia Psychological Association, Atlanta, GA (2005, June)

"Science, Pseudoscience, Politics and Culture: Sexual Orientation Conversion Therapy Update", presentation at annual national meeting of P-FLAG (Parents, Friends and Families of Lesbians and Gays), Salt Lake City, UT (2004, October)

"Making Psychology Your Own: Communities in Need", Commencement address, Argosy University, Seattle, WA (2004, October)

"Task Force on Sexual Orientation and the Military", panel presentation at the 112th annual meeting of the American Psychological Association, Honolulu, HI (2004, August)

"Heterophobia: How it Affects Friendships and Intimate Relationships for Gay Men", presentation at the 111th annual meeting of the American Psychological Association, Toronto, ON, Canada (2003, August)

"Therapist as Accidental Activist: How Conversion Therapy Changed My Life", presentation at the 111th annual meeting of the American Psychological Association, Toronto, ON, Canada (2003, August)

"The Mirror Has Many Faces: Multiple Identities for Practitioners and

"Healers", presentation at the 111th annual meeting of the American Psychological Association, Toronto, ON, Canada (2003, August)

"Maintaining a Focus on Doing Good in Times of Stress About Doing Well", presentation at the 111th annual meeting of the American Psychological Association, Toronto, ON, Canada (2003, August)

"LGBT Identity, Religion, Spirituality, and Culture: Analytical Viewpoints", discussant for panel presentation at the 111th annual meeting of the American Psychological Association, Toronto, ON, Canada (2003, August)

"Diversity Issues for State Psychological Associations", discussant for Division 31 Presidential Address at the 111th annual meeting of the American Psychological Association, Toronto, ON, Canada (2003, August)

"Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients", workshop presented for Pink Therapy Association, London, England (2003, March)

"Clinical and Research Issues in Psychotherapy with Lesbian, Gay and Bisexual Clients", presentation at Regent University, Virginia Beach, VA (2002, November)

"After Stonewall: The Evolution of Gay Male Identity", presentation at the 110th annual meeting of the American Psychological Association, Chicago, IL (2002, August)

"Pets as Helpers in Psychotherapy Practice", presentation at the annual meeting of the Delta society, Seattle, WA (2002, May)

"Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients", workshop given for staff at Western State Hospital, Steilacoom, WA (2002, April)

"Psychotherapy with Lesbian, Gay and Bisexual Clients", workshop for staff of Duke University Counseling and Psychological Services Center, Durham, NC (2001, November)

"Can You Change? The Myth of Sexual Orientation Conversion Therapy", presentation as part of The Doctor Is Out series, duke University, Durham, NC (2001, November)

"Heterophobia, Homophobia: Divides Between and Within Heterosexual and Gay Men", presentation at the 109th annual meeting of the American Psychological Association, San Francisco, CA (2001, August)

"Innovations in Clinical Practice with Lesbian, Gay, Bisexual and Transgendered Clients", chair of panel for Presidential mini-Convention at the 109th annual meeting of the American Psychological Association, San Francisco, CA (2001, August)

"Sexual Orientation Conversion Therapy: A Survey of Recent Research", discussant for panel presentation at the 109th annual meeting of the American Psychological Association, San Francisco, CA (2001, August)

"Animal-Assisted Therapy: Pets in the Hospital and the Psychotherapy Office", presentation at the annual meeting of the Delta Society, Seattle, WA (2001, May)

"Skills Training with Lesbian, Gay and Bisexual Clients", presentation as part of Board of Convention Affairs symposium at the annual meeting of the American Psychological Association, Washington, D.C. (2000, August)

"Gay rights, Patient Rights: The Controversy Over Sexual Orientation Conversion Therapy", presentation at the 1008th annual meeting of the American Psychological Association, Washington, D.C. (2000, August)

"Across the Great Divide: Collaboration Between Clinical Practice and Public Policy", presentation at the 108th annual meeting of the American Psychological Association, Washington, D.C. (2000, August)

"Sexual Orientation: Clinical Practice and Social policy in a Cross-Cultural Context", invited address at the 35th meeting of the International Congress of Psychology, Stockholm, Sweden (2000, July)

"Lesbian, Gay and Bisexual Therapists Working with Bisexual Clients", presentation at the 107th annual meeting of the American Psychological Association, Boston, MA (1999, August)

"Changing Sexual Orientation: Does Counseling Work?", discussant for panel presentation at the 107th annual meeting of the American Psychological Association, Boston, MA (1999, August)

"The Real Reparative Therapy: Helping Families Heal from Homophobia", presentation at annual meeting of Family Fellowship/Four Corners P-FLAG Regional Conference, Salt Lake City, UT (1999, June)

"Psychology with Lesbian, Gay and Bisexual Clients: Psychology's Evolution", presentation at the annual meeting of the Washington State Psychological Association, Spokane, WA (1998, October)

"Changes in Treatment for HIV/AIDS: Implications for Psychotherapy", presentation at the 106th annual meeting of the American Psychological Association, San Francisco, CA (1998, August)

"Hands Across the Atlantic: Cross-Cultural Collaboration in Lesbian, Gay and Bisexual Psychology", invited address to the psychology faculty of Helsinki University, Helsinki Finland (1998, June)

"When a Family Member is Gay", presentation at the annual meeting of Family Fellowship, Salt Lake City, UT (1998, June)

"Appropriate Therapeutic Responses to Sexual Orientation: Psychology's Evolution", workshop for staff of University of Utah Counseling Center, Salt Lake City, UT (1998, June)

"Including Sexual Orientation in a Diversity training Program", presentation at Midwinter meetings of Divisions 29, 42 and 43, San Diego, CA (1998, February)

"Lesbian, Gay and Bisexual Psychology at Adolescence: Clinical and Cultural Issues", APA Division 44 Presidential Address presented at the 105th annual meeting of the American Psychological Association, Chicago, IL (1997, August)

"Reparative Therapy: European and American Perspectives", joint presentation with Dr. Olli Stalstrom, annual meeting of the American Psychiatric Association, San Diego, CA (1997, May)

"The Moment of Sweet Aloha: Ceremony and Religion in Same-Sex Marriage", presentation at the annual meeting of the American Psychiatric Association, San Diego, CA (1997, May)

"Creating Visibility: Lesbian, gay and Bisexual Issues in Psychotherapy Practice", joint presentation with Dr. Laura Brown, Midwinter Meeting of APA Divisions 29, 42 and 43, Tampa, FL (1997, February)

"Counseling and Psychotherapy with Those Living with HIV/AIDS: A Delicate Balance", workshop conducted at the annual meeting of the Washington State Psychological Association, Silverdale, WA (1996, October)

"Practice Guidelines with Lesbian and Gay Clients: Research Issues", presentation at the 104th annual meeting of the American Psychological Association, Toronto, ON, Canada (1996, August)

"A Practitioner's Workshop on Psychotherapy with Lesbian, gay and Bisexual Clients", conducted by APA Division 44/CLGBC Joint Task Force on Psychotherapy Guidelines with Lesbian, gay and Bisexual Clients at the 103rd annual meeting of the American Psychological Association, New York, NY (1995, August)

"The Mismeasure of Lesbians and Gay Men: Issues in Assessment and Evaluation", presentation at the 102nd annual meeting of the American Psychological Association, Los Angeles, CA (1994, August)

"Perpetuating the 'Illness' Myth of Homosexuality: Sexual Orientation Conversion Therapy", presentation at the 101st annual meeting of the American Psychological Association, Toronto, ON,, Canada (1993, August)

"Psychological Aspects of AIDS", presentation at the annual meeting of the Washington State Psychological Association, Seattle, WA (1992, October)

"The Bible Tells Me So: Psychological Treatments of Lesbians and Gay Men", presentation at the 100th annual meeting of the American Psychological Association, Washington, D.C. (1992, August)

"Ethical Issues in Clinical Practice with Lesbians and Gay Men", joint presentation with Dr. Laura Brown at the annual meeting of the Washington State Psychological Association, Bellevue, WA (1990, October)

"Lesbians, Gay Men, Their Chosen Families and Families of Origin", presentation to the University of Washington School of Social Work, Seattle, WA 91989, February)

"Clinical Issues with Lesbian, Gay and Bisexual Clients", annual lecture given to psychology interns, University of Washington Department of

Behavioral Sciences, 1985-2000

"The Gay Male Sexual Functioning Scale", presentation at the annual meeting of the Society for the Scientific Study of Sex, Boston, MA (1984, June)

"A Stage Development Model for Counselor Supervision", presentation at the annual meeting of the Western Association for Counselor Education and Supervision, Seattle, WA (1983, June)

"The Assessment of Sexual Concerns of Gay Men", presentation at the annual meeting for the American Association of Sex Educators, Counselors and Therapists, Bellevue, WA (1982, October)

Media Presentations

Regular contributor to print and on-line interviews on variety of topics related to sexual orientation; reprints available on request

Regular guest commentator on The Grethe Cammemeyer Show, Gay BC radio network, July 2001 – January 2002

"Changing Sexual Orientation", guest appearance on The Conversation radio show, KUOW-FM, Seattle, WA (2001, May)

"Changing Sexual Orientation: Fact vs. Fiction", television interview on Evening Magazine, KING-TV, Seattle, WA (2001, May)

"Changing Sexual Orientation: The Ongoing Controversy", appearance on Good Morning America, ABC News (2001, May)

"Choosing and raising the Right Puppy for You", radio interview on KFAX-FM, Victoria, B.C., Canada (1999, August)

"L'Homosexualite: Pourquoi Essayer de Changer?" television interview in French on Canal-3 (France), (1999, June)

"Coming Out to Family", special guest appearance on the Today show, NBC News (1998, July)

"American Psychology's View of Homosexuality", radio interview on The Matti Kaukonen Show, Helsinki, Finland (1996, December)

"The Samoyed", radio guest appearance on The Pet Professional,

KRLA-AM, Tacoma, WA (1996, October)

Host of the Dr. Doug segment of the Hibernia Beach Gay/Lesbian Radio Hour, KITS-FM, San Francisco, CA (1994-1995)

"Can Sexual Orientation Be Changed?" television interview on Evening Magazine Show, KING-FM, Seattle, WA (1990, October)

"The Controversy Over Changing Sexual Orientation", radio interview on KIRO-AM, Seattle, WA (1990, October)

Community Service

APA Board of Directors Coordinator, Psychology Volunteers for Animals project, Animal Rescue of New Orleans, New Orleans, LA (2006, August)

Pet Partners Therapist, Swedish Hospital Medical Center, Seattle, WA (1998-2000), Pediatrics, Orthopedics, Rehabilitation, High-Risk Pregnancy units

Seattle-King County Mental Health Disaster Response Team, American Red Cross (1992-2000)

Facilitator, Seattle AIDS Support Group, 1986-1989

Facilitator, Committed Relationships Program for Gay Men, Seattle, WA 1986-1988

Volunteer reader, Community Services for the Blind, Seattle, WA (1984-1987)

Volunteer trainer/Crisis intervention worker, Seattle Counseling Service for Sexual Minorities, Seattle, WA (1980-1982)

Crisis intervention volunteer, Santa Cruz Crisis Clinic, 1977-1979

Personal Information

Born: September 16, 1951, Seattle, WA

Citizenship: US

Languages spoken: English, French, Swedish (fluently); some Spanish, German

EXHIBIT B

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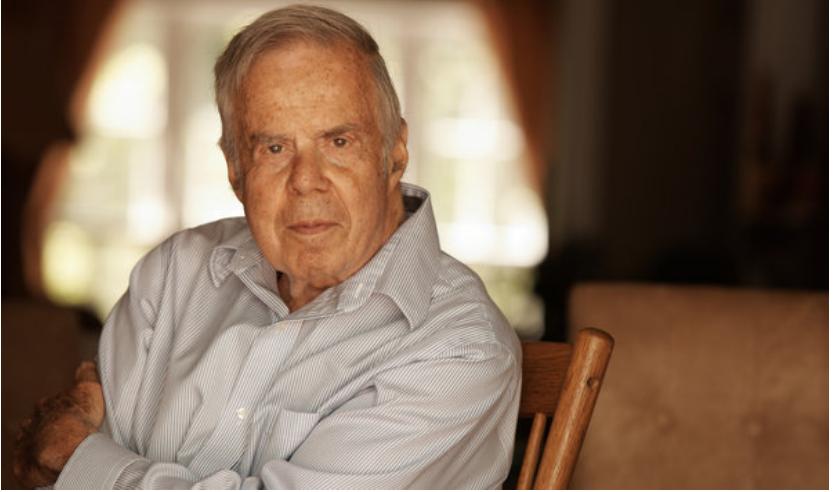
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Psychiatry Giant Sorry for Backing Gay ‘Cure’



Alex di Suvero for The New York Times

Dr. Robert L. Spitzer is a major architect of the modern classification of mental disorders.

By BENEDICT CAREY
Published: May 18, 2012 | 620 Comments

PRINCETON, N.J. — The simple fact was that he had done something wrong, and at the end of a long and revolutionary career it didn't matter how often he'd been right, how powerful he once was, or what it would mean for his legacy.

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Caleb Kenna for The New York Times

Wayne Besen, executive director of Truth Wins Out, a nonprofit group that fights antigay bias, in Burlington, Vt.

Readers' Comments

Readers shared their thoughts on this article.
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Dr. Robert L. Spitzer, considered by some to be the father of modern psychiatry, lay awake at 4 o'clock on a recent morning knowing he had to do the one thing that comes least naturally to him.

He pushed himself up and staggered into the dark. His desk seemed impossibly far away; Dr. Spitzer, who turns 80 next week, suffers from [Parkinson's disease](#) and has trouble walking, sitting, even holding his head upright.

The word he sometimes uses to describe these limitations — pathetic — is the same one that for decades he wielded like an ax to strike down dumb ideas, empty theorizing and junk studies.

Now here he was at his computer, ready to recant a study he had done himself, a poorly conceived 2003 investigation that supported the use of so-called reparative therapy to “cure” homosexuality for people strongly motivated to change.

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MOST VIEWED

What to say? The issue of gay marriage was rocking national politics yet again. The California State Legislature was debating a bill to ban the therapy outright as being dangerous. A magazine writer who had been through the therapy as a teenager recently visited his house, to explain how miserably disorienting the experience was.

And he would later learn that a [World Health Organization report](#), released on Thursday, calls the therapy “a serious threat to the health and well-being — even the lives — of affected people.”

Dr. Spitzer’s fingers jerked over the keys, unreliably, as if choking on the words. And then it was done: a short letter to be published this month, in the same journal where the original study appeared.

“I believe,” it concludes, “I owe the gay community an apology.”

Disturber of the Peace

The idea to study reparative therapy at all was pure Spitzer, say those who know him, an effort to stick a finger in the eye of an orthodoxy that he himself had helped establish.

In the late 1990s as today, the psychiatric establishment considered the therapy to be a nonstarter. Few therapists thought of homosexuality as a disorder.

It was not always so. Up into the 1970s, the field’s diagnostic manual classified homosexuality as an illness, calling it a “[sociopathic personality](#)” disturbance.” Many therapists offered treatment, including Freudian analysts who dominated the field at the time.

Advocates for gay people objected furiously, and in 1970, one year after the landmark Stonewall protests to stop police raids at a New York bar, a team of gay rights protesters heckled a meeting of behavioral therapists in New York to discuss the topic. The meeting broke up, but not before a young Columbia University professor sat down with the protesters to hear their case.

“I’ve always been drawn to controversy, and what I was hearing made sense,” said Dr. Spitzer, in an interview at his Princeton home last week. “And I began to think, well, if it is a mental disorder, then what makes it one?”

He compared homosexuality with other conditions defined as disorders, like [depression](#) and [alcohol dependence](#), and saw immediately that the latter caused marked distress or impairment, while homosexuality often did not.

He also saw an opportunity to do something about it. Dr. Spitzer was then a junior member of an American Psychiatric Association committee helping to rewrite the field’s diagnostic manual, and he promptly organized a symposium to discuss the place of homosexuality.

That kicked off a series of bitter debates, pitting Dr. Spitzer against a pair of influential senior psychiatrists who would not budge. In the end, the psychiatric association in 1973 sided with Dr. Spitzer, deciding to drop homosexuality from its manual and replace it with his alternative, “sexual orientation disturbance,” to identify people whose sexual orientation, gay or straight, caused them distress.

The arcane language notwithstanding, homosexuality was no longer a “disorder.” Dr. Spitzer achieved a civil rights breakthrough in record time.

“I wouldn’t say that Robert Spitzer became a household name among the broader gay movement, but the declassification of homosexuality was widely celebrated as a victory,” said Ronald Bayer of the Center for the History and Ethics of Public Health at Columbia. “‘Sick No More’ was a headline in some gay newspapers.”

Partly as a result, Dr. Spitzer took charge of the task of updating the diagnostic manual. Together with a colleague, Dr. Janet Williams, now his wife, he set to work. To an extent that is still not widely appreciated, his thinking about this one issue — homosexuality —



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drove a broader reconsideration of what mental illness is, of where to draw the line between normal and not.

The new manual, a 567-page doorstop released in 1980, became an unlikely best seller, here and abroad. It instantly set the standard for future psychiatry manuals, and elevated its principal architect, then nearing 50, to the pinnacle of his field.

He was the keeper of the book, part headmaster, part ambassador, and part ornery cleric, growling over the phone at scientists, journalists, or policy makers he thought were out of order. He took to the role as if born to it, colleagues say, helping to bring order to a historically chaotic corner of science.

But power was its own kind of confinement. Dr. Spitzer could still disturb the peace, all right, but no longer from the flanks, as a rebel. Now he was the establishment. And in the late 1990s, friends say, he remained restless as ever, eager to challenge common assumptions.

That's when he ran into another group of protesters, at the psychiatric association's annual meeting in 1999: self-described ex-gays. Like the homosexual protesters in 1973, they too were outraged that psychiatry was denying their experience — and any therapy that might help.

Reparative Therapy

Reparative therapy, sometimes called “sexual reorientation” or “conversion” therapy, is rooted in Freud’s idea that people are born bisexual and can move along a continuum from one end to the other. Some therapists never let go of the theory, and one of Dr. Spitzer’s main rivals in the 1973 debate, Dr. Charles W. Socarides, founded an organization called the [National Association for Research and Therapy of Homosexuality](#), or Narth, in Southern California, to promote it.

By 1998, Narth had formed alliances with socially conservative advocacy groups and together they began an aggressive campaign, taking out full-page ads in major newspaper trumpeting success stories.

“People with a shared worldview basically came together and created their own set of experts to offer alternative policy views,” said Dr. Jack Drescher, a psychiatrist in New York and co-editor of “Ex-Gay Research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture.”

To Dr. Spitzer, the scientific question was at least worth asking: What was the effect of the therapy, if any? Previous studies had been biased and inconclusive. “People at the time did say to me, ‘Bob, you’re messing with your career, don’t do it,’ ” Dr. Spitzer said. “But I just didn’t feel vulnerable.”

He recruited 200 men and women, from the centers that were performing the therapy, including Exodus International, based in Florida, and Narth. He interviewed each in depth over the phone, asking about their sexual urges, feelings and behaviors before and after having the therapy, rating the answers on a scale.

He then compared the scores on this questionnaire, before and after therapy. “The majority of participants gave reports of change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation in the past year,” his paper concluded.

The study — presented at a psychiatry meeting in 2001, before publication — immediately created a sensation, and ex-gay groups seized on it as solid evidence for their case. This was Dr. Spitzer, after all, the man who single-handedly removed homosexuality from the manual of mental disorders. No one could accuse him of bias.

But gay leaders accused him of betrayal, and they had their reasons.

The study had serious problems. It was based on what people remembered feeling years before — an often fuzzy record. It included some ex-gay advocates, who were politically active. And it did not test any particular therapy; only half of the participants engaged with

a therapist at all, while the others worked with pastoral counselors, or in independent Bible study.

Several colleagues tried to stop the study in its tracks, and urged him not to publish it, Dr. Spitzer said.

Yet, heavily invested after all the work, he turned to a friend and former collaborator, Dr. Kenneth J. Zucker, psychologist in chief at the Center for Addiction and Mental Health in Toronto and editor of the Archives of Sexual Behavior, another influential journal.

“I knew Bob and the quality of his work, and I agreed to publish it,” Dr. Zucker said in an interview last week. The paper did not go through the usual peer-review process, in which unnamed experts critique a manuscript before publication. “But I told him I would do it only if I also published commentaries” of response from other scientists to accompany the study, Dr. Zucker said.

Those commentaries, with a few exceptions, were merciless. One cited the Nuremberg Code of ethics to denounce the study as not only flawed but morally wrong. “We fear the repercussions of this study, including an increase in suffering, prejudice, and discrimination,” concluded a group of 15 researchers at the [New York State Psychiatric Institute](#), where Dr. Spitzer was affiliated.

Dr. Spitzer in no way implied in the study that being gay was a choice, or that it was possible for anyone who wanted to change to do so in therapy. But that didn’t stop socially conservative groups from citing the paper in support of just those points, according to Wayne Besen, executive director of [Truth Wins Out](#), a nonprofit group that fights antigay bias.

On one occasion, a politician in Finland held up the study in Parliament to argue against civil unions, according to Dr. Drescher.

“It needs to be said that when this study was misused for political purposes to say that gays should be cured — as it was, many times — Bob responded immediately, to correct misperceptions,” said Dr. Drescher, who is gay.

But Dr. Spitzer could not control how his study was interpreted by everyone, and he could not erase the biggest scientific flaw of them all, roundly attacked in many of the commentaries: Simply asking people whether they have changed is no evidence at all of real change. People lie, to themselves and others. They continually change their stories, to suit their needs and moods.

By almost any measure, in short, the study failed the test of scientific rigor that Dr. Spitzer himself was so instrumental in enforcing for so many years.

“As I read these commentaries, I knew this was a problem, a big problem, and one I couldn’t answer,” Dr. Spitzer said. “How do you know someone has really changed?”

Letting Go

It took 11 years for him to admit it publicly.

At first he clung to the idea that the study was exploratory, an attempt to prompt scientists to think twice about dismissing the therapy outright. Then he took refuge in the position that the study was focused less on the effectiveness of the therapy and more on how people engaging in it described changes in sexual orientation.

“Not a very interesting question,” he said. “But for a long time I thought maybe I wouldn’t have to face the bigger problem, about measuring change.”

After retiring in 2003, he remained active on many fronts, but the reparative study remained a staple of the culture wars and a personal regret that wouldn’t leave him be. The Parkinson’s symptoms have worsened in the past year, exhausting him mentally as well as physically, making it still harder to fight back pangs of remorse.

And one day in March, Dr. Spitzer entertained a visitor. Gabriel Arana, a journalist at the magazine The American Prospect, interviewed Dr. Spitzer about the reparative therapy study. This was not just any interview; Mr. Arana went through reparative therapy himself as a teenager, and his therapist had recruited the young man for Dr. Spitzer's study (Mr. Arana did not participate).

“I asked him about all his critics, and he just came out and said, ‘I think they’re largely correct,’” said Mr. Arana, [who wrote about his own experience](#) last month. Mr. Arana said that reparative therapy ultimately delayed his self-acceptance as a gay man and induced thoughts of suicide. “But at the time I was recruited for the Spitzer study, I was referred as a success story. I would have said I was making progress.”

That did it. The study that seemed at the time a mere footnote to a large life was growing into a chapter. And it needed a proper ending — a strong correction, directly from its author, not a journalist or colleague.

[A draft of the letter](#) has already leaked online and has been reported.

“You know, it’s the only regret I have; the only professional one,” Dr. Spitzer said of the study, near the end of a long interview. “And I think, in the history of psychiatry, I don’t know that I’ve ever seen a scientist write a letter saying that the data were all there but were totally misinterpreted. Who admitted that and who apologized to his readers.”

He looked away and back again, his big eyes blurring with emotion. “That’s something, don’t you think?”

A version of this article appeared in print on May 19, 2012, on page A1 of the New York edition with the headline: Psychiatry Giant Sorry for Backing Gay ‘Cure’.

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EXHIBIT C

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1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF CALIFORNIA, SACRAMENTO

Certified
Transcript

3 DAVID PICKUP, CHRISTOPHER H.) Case No.
4 ROSIK, PH.D., JOSEPH NICOLOSI,) 2:12-cv-02497-
5 PH.D., ROBERT VAZZO, NATIONAL) KJM-EFB
6 ASSOCIATION FOR RESEARCH AND)
7 THERAPY OF HOMOSEXUALITY)
8 (NARTH), AMERICAN ASSOCIATION)
9 OF CHRISTIAN COUNSELORS (AACC))
10 ET AL,)
11 Plaintiffs,) STATEMENT UNDER
12 v.) OATH OF:
13 EDMUND G. BROWN, JR. Governor)
14 of the State of California, in)
15 his official capacity; ANNA M.)
16 CABALLERO, Secretary of the)
17 State and Consumer Services)
18 Agency of the State of)
19 California, in her official)
20 capacity, KIM MADSEN, Executive)
21 Officer of the California Board)
22 of Behavioral Sciences, in her)
23 official capacity; MICHAEL)
24 ERICKSON, PH.D., President of)
25 the California Board of)
 Psychology, in his official)
 capacity; SHARON LEVINE,)
 President of the Medical Board)
 of California, in her official)
 capacity,
 Defendants.)
)

19 TRANSCRIPT of the stenographic
20 notes of the proceedings in the above-entitled
21 matter, as taken by and before SANDRA A.
22 ROBERTSON, a Certified Court Reporter and Notary
23 Public of the State of New Jersey, held at the
24 home of ROBERT SPITZER, M.D., 7 Random Road,
25 Princeton, New Jersey, on November 2, 2012,
 commencing at 1:11 p.m.

Job No. CS1553931

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2
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WITNESS: ROBERT SPITZER, M.D.

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NO. DESCRIPTION

PAGE

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(No Exhibits Marked.)

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1 THE VIDEOGRAPHER: The date today
2 is November 2, 2012. The time is approximately
3 1:14 p.m. This is the videotaped deposition of
4 Dr. Robert Spitzer -- excuse me -- video of Dr.
5 Spitzer.

6 Will the court reporter please
7 swear in the witness.

8 ROBERT SPITZER, M.D., residing at 7 Random Road,
9 Princeton, New Jersey, after having been duly
10 sworn by the Notary Public, testified as follows:

11 DR. SPITZER: I became interested
12 in a very controversial issue, which is whether
13 homosexuality can be changed. And my thought was
14 the way to best examine that is to get a --
15 collect a group of individuals who claim that they
16 have made the change and then to do a detailed
17 interview in which they would be asked different
18 questions about sexual attraction, and we would
19 benefit from previous interviews that had been
20 done.

21 Our sample was collected from many
22 religious groups, contributor sample, to the
23 sample. And the sample had one feature that was
24 notable and that is that almost all of the
25 participants were extremely religious, had

1 religious objections to sex of homosexuality, and
2 the concern was that this might influenced their
3 viewpoint.

4 Well, it turned out that there
5 were 200 subjects seen, and the vast majority
6 claim some considerable improvement in social and
7 sexual functioning. The study was published in a
8 scientific journal that specializes in articles
9 about sexual behavior and change. And it
10 immediately became very controversial because I
11 accepted the findings and argued that I had
12 demonstrated that some homosexuals can be changed.

13 The problem is I didn't really
14 consider -- and I'm kind of almost embarrassed to
15 note it -- that I really had a study in which the
16 design did not include some component in which the
17 credibility of the subject would be determined. I
18 didn't have a method of knowing whether someone
19 had really changed and, therefore, if you don't
20 have a method for knowing whether someone has
21 changed, how are you going to measure the extent
22 of change? That was -- it may well be that I
23 should have had an objective measure such as
24 plethysmography. But I didn't have it, and I
25 wasn't familiar with the technique. And also the

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1 subjects that I had were extremely religious would
2 not have wanted to participate in a study in which
3 they were asked to look at women. I had concerns
4 about the valid of the study, but I kind of told
5 myself that I could think of a way of examining or
6 seeing the study in a way that could be justified,
7 that is, instead of are these -- how -- can some
8 homosexuals change, I would change the focus of
9 the study to what do homosexuals who claim to have
10 changed, how do they describe themselves? So I
11 felt it bothered me.

12 And, finally, after an interview
13 that I did with a former patient of one of the
14 people who is very prominent in giving this
15 therapy, he described how the therapy really
16 harmed him and led to a lot of depression, which
17 is a common finding. And with that, I began to
18 feel that I really could not justify the study as
19 such, that it was misleading and that -- and
20 finally, I felt not only did I have trouble
21 justifying it, I had to acknowledge that there was
22 considerable evidence from the study that some
23 participants in this kind of therapy actually are
24 harmed.

25 With those two facts, there's no

1 objective way of measuring homosexuality and the
2 fact that this therapy often leads to harmful
3 psychological state, I had to let my views be
4 known. And I decided the best way to do that was
5 to apologize to the gays and to the patients for
6 presenting really a flawed study.

7 MR. DINIELLI: Thank you very
8 much, Doctor.

THE VIDEOGRAPHER: 1:21.

(Statement concluded at 1:18 p.m.)

1 CERTIFICATE

2 I, Sandra Robertson, a Notary Public and
3 Certified Court Reporter of the State of New
4 Jersey, do hereby certify that prior to the
5 commencement of the examination, the witness was
6 duly sworn by me to testify to the truth, the
7 whole truth and nothing but the truth.

8 I DO FURTHER CERTIFY that the foregoing is
9 a verbatim transcript of the testimony as taken
10 stenographically by and before me at the time,
11 place and on the date hereinbefore set forth, to
12 the best of my ability.

13 I DO FURTHER CERTIFY that I am neither a
14 relative nor employee nor attorney nor counsel of
15 any of the parties to this action, and that I am
16 neither a relative nor employee of such attorney
17 or counsel, and that I am not financially
18 interested in the action.

19
20
21 
22

Notary Number: 2108796

CCR Number: 30XI100209500

License Expiration: 6/30/14

[& - forth]

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[francisco - sexual]

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